

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF MICHIGAN

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Dusty**

First name

**Lynn**

Middle name

**Swank**

Last name and Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

##### 2. All other names you have used in the last 8 years

Include your married or maiden names.

**Barney**

First name

**Lee**

Middle name

**Swank**

Last name and Suffix (Sr., Jr., II, III)

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-3563**

**xxx-xx-2820**

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live**

**23162 Springbrook Dr  
Farmington Hills, MI 48336**

Number, Street, City, State & ZIP Code

**Oakland**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

No.  
 Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No  
 Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

**11. Do you rent your residence?**

No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

**I am not required to receive a briefing about credit counseling because of:**

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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**I am not required to receive a briefing about credit counseling because of:**

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I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a. <b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b. <b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.			
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c. State the type of debts you owe that are not consumer debts or business debts			
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Dusty Lynn Swank**

**Dusty Lynn Swank**

Signature of Debtor 1

Executed on November 1, 2018  
MM / DD / YYYY

**/s/ Barney Lee Swank**

**Barney Lee Swank**

Signature of Debtor 2

Executed on November 1, 2018  
MM / DD / YYYY

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Walter A. Metzen**

Signature of Attorney for Debtor

Date

**November 1, 2018**

MM / DD / YYYY

**Walter A. Metzen P49779 Michigan Bar Number**

Printed name

**Law Offices of Walter Metzen & Associates**

Firm name

**3156 Penobscot Building  
645 Griswold  
Detroit, MI 48226**

Number, Street, City, State & ZIP Code

Contact phone **(313) 962-4656**

Email address

**detroitbankruptcylawyer@gmail.com**

**P49779 Michigan Bar Number MI**

Bar number & State

Fill in this information to identify your case:

Debtor 1	<b>Dusty Lynn Swank</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Barney Lee Swank</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>0.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>0.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>23,491.94</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>23,491.94</b>

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>17,212.00</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>17,212.00</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>0.00</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>0.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>153,359.26</b>
		<b>Your total liabilities</b> \$ <b>170,571.26</b>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>3,610.32</b>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>3,610.32</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>3,685.00</b>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>3,685.00</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?  
 No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes
- What kind of debt do you have?  
 Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 4,378.40

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>103,250.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <u>103,250.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Dusty Lynn Swank</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Barney Lee Swank</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number			

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.  
 Yes. Where is the property?

#### Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

##### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1 Make: **Kia**  
Model: **Rio**  
Year: **2018**  
Approximate mileage: **3000**  
Other information:  
**Good condition**

##### Who has an interest in the property? Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

**\$15,000.00**

**\$15,000.00**

##### 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$15,000.00**

#### Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

##### 6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe.....

**Beds, tables, chairs, dressers, lawnmower, sofa, ottoman, other misc. household goods and furniture.**

**\$1,750.00**

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

**2 TVs, computer, cell phones, gaming system, other small misc. consumer electronics**

**\$800.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

**Two .20 guage shotguns - Remmington & Mossberg**

**\$200.00**

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

**Personal used clothing**

**\$500.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

**costume jewelry: no individual piece of worth over \$99.**

**\$200.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

No

Yes. Describe.....

**Cat**

**\$2.00**

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

**\$3,452.00**

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes.....

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes.....

Institution name:

17.1. **Checking** **Credit Union One** **\$92.74**

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes.....

Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No  
 Yes. Give specific information about them

Issuer name:

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No  
 Yes. List each account separately.

Type of account: Institution name:

**401(k)** **Vanguard** **\$716.20**

**401(k)** **Wells Fargo** **\$81.00**

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No  
 Yes. ....

Institution name or individual:

<b>Security deposit for house rental</b>	<b>ECN Ventures</b>	<b>\$950.00</b>
--	---------------------	-----------------

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No  
 Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No  
 Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No  
 Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No  
 Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No  
 Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the  
portion you own?**  
 Do not deduct secured  
claims or exemptions.

**28. Tax refunds owed to you**

No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**11/12ths Anticipated/accrued 2018 Federal  
and State income tax refund(Est)**

**Federal and State**

**\$3,200.00**

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No  
 Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No  
 Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No  
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No  
 Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No  
 Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No  
 Yes. Describe each claim.....

*Debtor has been out of work for years due to back pain and a back surgery. He has continued to apply for SSD benefits but has yet to be approved for any such benefits. If he is awarded SSD benefits in the future, there is a possibility that he will receive a lump sum award at the beginning, but the Social Security Administration has not indicated that to be the case.*

*Unknown*

**35. Any financial assets you did not already list**

No  
 Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$5,039.94**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

<b>Part 8: List the Totals of Each Part of this Form</b>	
55. Part 1: Total real estate, line 2 .....	\$0.00
56. Part 2: Total vehicles, line 5 .....	\$15,000.00
57. Part 3: Total personal and household items, line 15 .....	\$3,452.00
58. Part 4: Total financial assets, line 36 .....	\$5,039.94
59. Part 5: Total business-related property, line 45 .....	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52 .....	\$0.00
61. Part 7: Total other property not listed, line 54 .....	\$0.00
62. Total personal property. Add lines 56 through 61... .....	\$23,491.94
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62 .....	\$23,491.94

Fill in this information to identify your case:

Debtor 1	<b>Dusty Lynn Swank</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	

#### Debtor 1 Exemptions

<b>2018 Kia Rio 3000 miles Good condition</b> Line from <i>Schedule A/B</i> : 3.1	\$15,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
<b>Beds, tables, chairs, dressers, lawnmower, sofa, ottoman, other misc. household goods and furniture.</b> Line from <i>Schedule A/B</i> : 6.1	\$1,750.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>2 TVs, computer, cell phones, gaming system, other small misc. consumer electronics</b> Line from <i>Schedule A/B</i> : 7.1	\$800.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Personal used clothing</b> Line from <i>Schedule A/B</i> : 11.1	\$500.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>costume jewelry: no individual piece of worth over \$99.</b> Line from <i>Schedule A/B</i> : 12.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	<i>Check only one box for each exemption.</i>	
<b>Cat</b> Line from Schedule A/B: <b>13.1</b>	<u><b>\$2.00</b></u>	<input checked="" type="checkbox"/> <b>\$2.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>
<b>Checking: Credit Union One</b> Line from Schedule A/B: <b>17.1</b>	<u><b>\$92.74</b></u>	<input checked="" type="checkbox"/> <b>\$200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>401(k): Vanguard</b> Line from Schedule A/B: <b>21.1</b>	<u><b>\$716.20</b></u>	<input checked="" type="checkbox"/> <b>100%</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(12)</b>
<b>Security deposit for house rental: ECN Ventures</b> Line from Schedule A/B: <b>22.1</b>	<u><b>\$950.00</b></u>	<input checked="" type="checkbox"/> <b>\$950.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Federal and State: 11/12ths Anticipated/accrued 2018 Federal and State income tax refund(Est)</b> Line from Schedule A/B: <b>28.1</b>	<u><b>\$3,200.00</b></u>	<input checked="" type="checkbox"/> <b>\$4,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>

3. Are you claiming a homestead exemption of more than \$160,375?  
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Fill in this information to identify your case:

Debtor 1

First Name Middle Name Last Name

Debtor 2

**Barney Lee Swank**

(Spouse if, filing)

First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN

Case number  
(if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	

#### Debtor 2 Exemptions

<b>Beds, tables, chairs, dressers, lawnmower, sofa, ottoman, other misc. household goods and furniture.</b> Line from <i>Schedule A/B</i> : 6.1	<b>\$1,750.00</b>	<input checked="" type="checkbox"/> <b>\$750.00</b>	<b>11 U.S.C. § 522(d)(3)</b>
<b>2 TVs, computer, cell phones, gaming system, other small misc. consumer electronics</b> Line from <i>Schedule A/B</i> : 7.1	<b>\$800.00</b>	<input checked="" type="checkbox"/> <b>\$400.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>
<b>Two .20 gauge shotguns - Remington &amp; Mossberg</b> Line from <i>Schedule A/B</i> : 10.1	<b>\$200.00</b>	<input checked="" type="checkbox"/> <b>\$200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Personal used clothing</b> Line from <i>Schedule A/B</i> : 11.1	<b>\$500.00</b>	<input checked="" type="checkbox"/> <b>\$200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
<b>401(k): Wells Fargo</b> Line from Schedule A/B: <b>21.2</b>	<b>\$81.00</b>	<input checked="" type="checkbox"/> <b>100%</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(12)</b>
<b>Debtor has been out of work for years due to back pain and a back surgery. He has continued to apply for SSD benefits but has yet to be approved for any such benefits. If he is awarded SSD benefits in the future, there is a possibility that he will receive</b> Line from Schedule A/B: <b>34.1</b>	<b>Unknown</b>	<input checked="" type="checkbox"/> <b>\$10,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Fill in this information to identify your case:

Debtor 1	<b>Dusty Lynn Swank</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Barney Lee Swank</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.1	<b>Flagship Credit Accept</b> Creditor's Name	<b>2018 Kia Rio 3000 miles Good condition</b>	<b>\$17,212.00</b>	<b>\$15,000.00</b>	<b>\$2,212.00</b>
	<b>3 Christy Dr Ste 201 Chadds Ford, PA 19317</b> Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		

**Opened  
08/18 Last  
Active  
9/24/18**

Date debt was incurred 9/24/18 Last 4 digits of account number 1001

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$17,212.00**

If this is the last page of your form, add the dollar value totals from all pages.

**\$17,212.00**

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	<b>Dusty Lynn Swank</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Barney Lee Swank</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	<b>Acceptance Now</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>2657</u> <u>\$1,376.00</u>
	<b>5501 Headquarters Drive Plano, TX 75024</b> Number Street City State Zip Code	When was the debt incurred?	<u>Opened 03/18 Last Active 8/30/18</u>
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Rental Agreement</u>
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**

Case number (if known)

4.2	<b>Afni, Inc.</b> Nonpriority Creditor's Name <b>Po Box 3097</b> <b>Bloomington, IL 61702</b> Number Street City State Zip Code	Last 4 digits of account number <u>5540</u>	\$2,058.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>Opened 11/16</u>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney At T Mobility</u>	
4.3	<b>Americollect Inc</b> Nonpriority Creditor's Name <b>Po Box 1566</b> <b>Manitowoc, WI 54221</b> Number Street City State Zip Code	Last 4 digits of account number <u>101A</u>	\$153.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>Opened 10/14</u>	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Fort Wayne Radiology Assoc Llc</u>	
4.4	<b>Associates Financial S</b> Nonpriority Creditor's Name <b>Po Box 39</b> <b>Pleasant Lake, MI 49272</b> Number Street City State Zip Code	Last 4 digits of account number <u>2349</u>	\$40.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>Opened 05/17</u>	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Van Buren Urgent Care</u>	

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**

Case number (if known)

4.5 **Beaumont Hospital** \$694.29  
Nonpriority Creditor's Name  
**500 Stephenson Hwy**  
**PO Box 5042**  
**Troy, MI 48007-5042**  
Number Street City State Zip Code

**Who incurred the debt?** Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**  
 No  
 Yes

Last 4 digits of account number **3563**  
When was the debt incurred? **2017**

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical**

4.6 **Capital One** \$397.00  
Nonpriority Creditor's Name  
**15000 Capital One Dr**  
**Richmond, VA 23238**  
Number Street City State Zip Code

**Who incurred the debt?** Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**  
 No  
 Yes

Last 4 digits of account number **4142**  
When was the debt incurred? **Opened 04/18 Last Active 9/21/18**

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Credit Card**

4.7 **Capital One** \$247.00  
Nonpriority Creditor's Name  
**15000 Capital One Dr**  
**Richmond, VA 23238**  
Number Street City State Zip Code

**Who incurred the debt?** Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**  
 No  
 Yes

Last 4 digits of account number **0392**  
When was the debt incurred? **Opened 09/18 Last Active 10/11/18**

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Credit Card**

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**

Case number (if known)

4.8	<b>Credit Acceptance Corp</b> Nonpriority Creditor's Name  <b>Po Box 513</b> <b>Southfield, MI 48037</b> Number Street City State Zip Code	Last 4 digits of account number <b>5238</b>	\$9,252.00
	<b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>Opened 02/15 Last Active 11/20/15</b>	
	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Automobile</b>	
4.9	<b>Credit Adjustment</b> Nonpriority Creditor's Name <b>330 Florence St</b> <b>Defiance, OH 43512</b> Number Street City State Zip Code	Last 4 digits of account number <b>2820</b>	\$1,000.00
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>2017</b>	
	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	
4.1 0	<b>Credit Collection Serv</b> Nonpriority Creditor's Name <b>725 Canton St</b> <b>Norwood, MA 02062</b> Number Street City State Zip Code	Last 4 digits of account number <b>2886</b>	\$362.00
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>Opened 04/16</b>	
	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Progressive</b>	

4.1 1	<b>Dean &amp; Connie Cogswell</b> Nonpriority Creditor's Name <b>US 20 Montpelier</b> <b>Montpelier, OH 43543</b> Number Street City State Zip Code	Last 4 digits of account number <b>2820</b>	\$14,000.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Rental arrears</b> <input type="checkbox"/> Yes			
4.1 2	<b>Dept Of Education/neln</b> Nonpriority Creditor's Name <b>121 S 13th St</b> <b>Lincoln, NE 68508</b> Number Street City State Zip Code	Last 4 digits of account number <b>2274</b>	\$0.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Educational</b> <input type="checkbox"/> Yes			
4.1 3	<b>DirecTV</b> Nonpriority Creditor's Name <b>PO Box 6550</b> <b>Greenwood Village, CO 80155-6500</b> Number Street City State Zip Code	Last 4 digits of account number <b>3653</b>	\$745.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>satellite TV Service</b> <input type="checkbox"/> Yes			

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**

Case number (if known)

4.1  
4

<b>Diversified Consultants</b> Nonpriority Creditor's Name <b>10550 Deerwood Park Blvd. 309</b> <b>Jacksonville, FL 32256</b> Number Street City State Zip Code	Last 4 digits of account number <b>3563</b>	\$963.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2016</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>collection agency account</b>	

4.1  
5

<b>Drs Harris Birkhill Wang Songe</b> Nonpriority Creditor's Name <b>PO Box 2802</b> <b>Dearborn, MI 48123</b> Number Street City State Zip Code	Last 4 digits of account number <b>3563</b>	\$179.36
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2017</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>medical</b>	

4.1  
6

<b>DTE Bankruptcy Dept. DTE Energy</b> Nonpriority Creditor's Name <b>One Energy Plaza</b> <b>WCB 735</b> <b>Detroit, MI 48226</b> Number Street City State Zip Code	Last 4 digits of account number <b>2820</b>	\$499.78
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2018</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>utility</b>	

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**

Case number (if known)

4.1 7	<b>Enhanced Recovery Co L</b> Nonpriority Creditor's Name <b>8014 Bayberry Rd</b> <b>Jacksonville, FL 32256</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>7105</b> When was the debt incurred? <b>Opened 01/16</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney At T Mobility</b>	\$1,065.00
4.1 8	<b>Envision Medical Group PLLC</b> Nonpriority Creditor's Name <b>PO BOX 674297</b> <b>Detroit, MI 48267-4297</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>3563</b> When was the debt incurred? <b>2017</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	\$58.12
4.1 9	<b>Fed Loan Serv</b> Nonpriority Creditor's Name <b>Po Box 60610</b> <b>Harrisburg, PA 17106</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0002</b> When was the debt incurred? <b>Opened 09/13 Last Active 9/22/18</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <b>Educational</b>	\$103,175.00

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**

Case number (if known) \_\_\_\_\_

4.2  
0

<b>First Federal Credit C</b> Nonpriority Creditor's Name <b>24700 Chagrin Blvd Ste 2</b> <b>Cleveland, OH 44122</b> Number Street City State Zip Code	Last 4 digits of account number <b>8527</b> <span style="float: right;">\$100.00</span>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>Opened 06/15</b>
<b>As of the date you file, the claim is:</b> Check all that apply	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<b>Collection Attorney Management Group</b> <input checked="" type="checkbox"/> Other. Specify <b>Pain</b>	

4.2  
1

<b>First Federal Credit C</b> Nonpriority Creditor's Name <b>24700 Chagrin Blvd Ste 2</b> <b>Cleveland, OH 44122</b> Number Street City State Zip Code	Last 4 digits of account number <b>8528</b> <span style="float: right;">\$63.00</span>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>Opened 06/15</b>
<b>As of the date you file, the claim is:</b> Check all that apply	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<b>Collection Attorney Management Group</b> <input checked="" type="checkbox"/> Other. Specify <b>Pain</b>	

4.2  
2

<b>Fort Financial Credit</b> Nonpriority Creditor's Name <b>3102 Spring St</b> <b>Fort Wayne, IN 46808</b> Number Street City State Zip Code	Last 4 digits of account number <b>9121</b> <span style="float: right;">\$0.00</span>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>Opened 03/11 Last Active 9/16/11</b>
<b>As of the date you file, the claim is:</b> Check all that apply	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<b>Collection Attorney Management Group</b> <input checked="" type="checkbox"/> Other. Specify <b>Unsecured</b>	

4.2 3	<b>Geico</b> Nonpriority Creditor's Name <b>PO Box 9105</b> <b>Macon, GA 31208-9105</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>3563</b> When was the debt incurred? <b>2013</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Insurance premium</b>	<b>\$1.00</b>
4.2 4	<b>Genisis Financial Solutions</b> Nonpriority Creditor's Name <b>PO Box 4865 Beaverton</b> <b>Beaverton, OR 97076</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>3653</b> When was the debt incurred? <b>2013</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>First Premier Bank credit card</b>	<b>\$672.89</b>
4.2 5	<b>Gla Collection Co Inc</b> Nonpriority Creditor's Name <b>Po Box 991199</b> <b>Louisville, KY 40269</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>4732</b> When was the debt incurred? <b>Opened 11/03/14</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Cameron Memorial Comm Hosp</b>	<b>\$1,421.00</b>

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**

Case number (if known)

4.2  
6

<b>Gla Collection Co Inc</b> Nonpriority Creditor's Name <b>Po Box 991199</b> <b>Louisville, KY 40269</b> Number Street City State Zip Code	Last 4 digits of account number <b>3831</b>	\$585.00
Who incurred the debt? Check one.	When was the debt incurred? <b>Opened 11/11/13</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<b>Collection Attorney Cameron Memorial</b> <b>Comm Hosp</b>	

4.2  
7

<b>Gla Collection Co Inc</b> Nonpriority Creditor's Name <b>Po Box 991199</b> <b>Louisville, KY 40269</b> Number Street City State Zip Code	Last 4 digits of account number <b>5539</b>	\$162.00
Who incurred the debt? Check one.	When was the debt incurred? <b>Opened 4/20/15</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<b>Collection Attorney Cameron Memorial</b> <b>Comm Hosp</b>	

4.2  
8

<b>Gla Collection Co Inc</b> Nonpriority Creditor's Name <b>Po Box 991199</b> <b>Louisville, KY 40269</b> Number Street City State Zip Code	Last 4 digits of account number <b>2852</b>	\$75.00
Who incurred the debt? Check one.	When was the debt incurred? <b>Opened 12/14</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<b>Collection Attorney Cameron Memorial</b> <b>Comm Hosp</b>	

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**

Case number (if known)

4.2  
9

<b>Gla Collection Co Inc</b> Nonpriority Creditor's Name <b>Po Box 991199</b> <b>Louisville, KY 40269</b> Number Street City State Zip Code	Last 4 digits of account number <b>8129</b>	\$69.00
Who incurred the debt? Check one.	When was the debt incurred? <b>Opened 07/13</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<b>Collection Attorney Cameron Memorial</b> <b>Comm Hosp</b>	

4.3  
0

<b>Gla Collection Co Inc</b> Nonpriority Creditor's Name <b>Po Box 991199</b> <b>Louisville, KY 40269</b> Number Street City State Zip Code	Last 4 digits of account number <b>4089</b>	\$59.00
Who incurred the debt? Check one.	When was the debt incurred? <b>Opened 10/13</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<b>Collection Attorney Cameron Memorial</b> <b>Comm Hosp</b>	

4.3  
1

<b>Gla Collection Co Inc</b> Nonpriority Creditor's Name <b>Po Box 991199</b> <b>Louisville, KY 40269</b> Number Street City State Zip Code	Last 4 digits of account number <b>4731</b>	\$40.00
Who incurred the debt? Check one.	When was the debt incurred? <b>Opened 11/14</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<b>Collection Attorney Cameron Memorial</b> <b>Comm Hosp</b>	

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**

Case number (if known)

4.3 2	<b>Gla Collection Co Inc</b> Nonpriority Creditor's Name <b>Po Box 991199</b> <b>Louisville, KY 40269</b> Number Street City State Zip Code	Last 4 digits of account number <b>2851</b> When was the debt incurred? <b>Opened 12/14</b>  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Other. Specify <b>Collection Attorney Cameron Memorial Comm Hosp</b>	\$40.00
4.3 3	<b>Hillsdale Community Hospital</b> Nonpriority Creditor's Name <b>168 Howell St</b> <b>Detroit, MI 48242</b> Number Street City State Zip Code	Last 4 digits of account number <b>3563</b> When was the debt incurred? <b>2015</b>  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Other. Specify <b>Medical</b>	\$52.00
4.3 4	<b>HSBC Bank of Nevada</b> Nonpriority Creditor's Name <b>1111 Town Center Dr</b> <b>Las Vegas, NV 89134</b> Number Street City State Zip Code	Last 4 digits of account number <b>3563</b> When was the debt incurred? <b>2009</b>  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Other. Specify <b>Credit card</b>	\$1,028.79

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**

Case number (if known) \_\_\_\_\_

4.3 5	<b>IC System Inc</b> Nonpriority Creditor's Name <b>444 East Highway 96</b> <b>PO Box 64378</b> <b>St Paul, MN 55164-0378</b> Number Street City State Zip Code	Last 4 digits of account number <b>3563</b>	\$270.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>2017</b>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>notice/collection agency account</b>	
4.3 6	<b>IRS Internal Revenue Service</b> Nonpriority Creditor's Name <b>Cincinnati, OH 45999</b> Number Street City State Zip Code	Last 4 digits of account number	\$1.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>2014</b>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <b>Federal income taxes, poss.</b> <input checked="" type="checkbox"/> Other. Specify <b>non-dischargeable</b>	
4.3 7	<b>Jefferson Capital Syst</b> Nonpriority Creditor's Name <b>16 Mcleland Rd</b> <b>Saint Cloud, MN 56303</b> Number Street City State Zip Code	Last 4 digits of account number <b>0003</b>	\$1,445.00
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>Opened 10/17</b>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Factoring Company Account Dte Energy</b>	

4.3  
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**Key Bridge**

Nonpriority Creditor's Name

**2348 Baton Rouge  
Lima, OH 45805**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

**6750**

**\$146.00**

When was the debt incurred?

**Opened 09/15**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Collection Attorney Fort Wayne  
Orthopedics**

4.3  
9

**Midland Funding**

Nonpriority Creditor's Name

**2365 Northside Dr Ste 300  
San Diego, CA 92108**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

**3563**

**\$650.00**

When was the debt incurred?

**2013**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify *collection account***

4.4  
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**Nelnet Lns**

Nonpriority Creditor's Name

**Po Box 1649  
Denver, CO 80201**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

**6874**

**\$0.00**

**Opened 8/17/09 Last Active  
10/08/10**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify ***Educational***

4.4 1	<p><b>Oakland County Treasurer</b></p> <p>Nonpriority Creditor's Name <b>1200 N Telegraph Rd</b> <b>Pontiac, MI 48341</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0402.44</b></p> <p>When was the debt incurred? <b>2018</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Water bill</b></p>
4.4 2	<p><b>Plaza Servic</b></p> <p>Nonpriority Creditor's Name <b>110 Hammond Drive Suite 110</b> <b>Atlanta, GA 30328</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0290</b></p> <p>When was the debt incurred? <b>Opened 9/29/17</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>12 Cashland</b></p>
4.4 3	<p><b>Portfolio Recovery Associates</b></p> <p>Nonpriority Creditor's Name <b>287 Independence</b> <b>Virginia Beach, VA 23462</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3653</b></p> <p>When was the debt incurred? <b>2011</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection agency account/Notice purposes</b></p>

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**

Case number (if known) \_\_\_\_\_

4.4 4	<b>Purdue Univ</b> Nonpriority Creditor's Name  <b>1081 Schleman Hall</b> <b>West Lafayette, IN 47907</b> Number Street City State Zip Code	Last 4 digits of account number <b>R24A</b> When was the debt incurred? <b>Opened 8/14/06 Last Active 9/13/13</b>  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$66.00</b>
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4.4 5	<b>Purdue Univ</b> Nonpriority Creditor's Name  <b>1081 Schleman Hall</b> <b>West Lafayette, IN 47907</b> Number Street City State Zip Code	Last 4 digits of account number <b>R24B</b> When was the debt incurred? <b>Opened 8/15/11 Last Active 9/13/13</b>  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$9.00</b>
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4.4 6	<b>Sac Finance, Inc</b> Nonpriority Creditor's Name  <b>6642 Saint Joe Rd Ste 10</b> <b>Fort Wayne, IN 46835</b> Number Street City State Zip Code	Last 4 digits of account number <b>0000</b> When was the debt incurred? <b>Opened 07/12 Last Active 6/05/13</b>  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Automobile</b>	<b>\$5,994.00</b>
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7

<b>Snow &amp; Sauer</b> Nonpriority Creditor's Name <b>203 E Berry St</b> <b>Fort Wayne, IN 46802</b> Number Street City State Zip Code	Last 4 digits of account number <b>6658</b>	\$200.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>Opened 5/15/15</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Associated Anesthesiologists</b>	

4.4  
8

<b>Snow &amp; Sauer</b> Nonpriority Creditor's Name <b>203 E Berry St</b> <b>Fort Wayne, IN 46802</b> Number Street City State Zip Code	Last 4 digits of account number <b>2010</b>	\$85.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>Opened 1/16/15</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Associated Anesthesiologists</b>	

4.4  
9

<b>Snow &amp; Sauterig</b> Nonpriority Creditor's Name <b>203 E Barry St</b> <b>Fort Wayne, IN 46802</b> Number Street City State Zip Code	Last 4 digits of account number <b>2820</b>	\$285.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**

Case number (if known)

4.5 0	<b>Tebo Financ</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>2689</b>
	<b>Po Box 877 Massillon, OH 44648</b> Number Street City State Zip Code	When was the debt incurred?	<b>Opened 3/15/08 Last Active 5/26/09</b>
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Automobile</b>	
4.5 1	<b>Tek-collect Inc</b> Nonpriority Creditor's Name <b>871 Park St Columbus, OH 43215</b> Number Street City State Zip Code	Last 4 digits of account number	<b>9664</b>
		When was the debt incurred?	<b>Opened 11/08/16</b>
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Metalink Technologies</b>	
4.5 2	<b>Trust Rec Sv</b> Nonpriority Creditor's Name <b>541 Otis Bowen Drive Munster, IN 46321</b> Number Street City State Zip Code	Last 4 digits of account number	<b>0147</b>
		When was the debt incurred?	<b>Opened 2/01/13</b>
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>10 NipSCO</b>	

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**

Case number (if known) \_\_\_\_\_

4.5 3	<b>United Auto Credit Co</b> Nonpriority Creditor's Name  <b>1071 Camelback St Ste 10</b> <b>Newport Beach, CA 92660</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>0001</u>  <b>When was the debt incurred?</b> <u>Opened 09/12 Last Active 5/20/13</u>  <b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Automobile</u>	<b>\$418.00</b>
4.5 4	<b>Verizon</b> Nonpriority Creditor's Name <b>PO Box 33056</b> <b>Saint Petersburg, FL 33733-8056</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>3563</u>  <b>When was the debt incurred?</b> <u>2018</u>  <b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility</u>	<b>\$1,253.59</b>
4.5 5	<b>Webbank/fingerhut</b> Nonpriority Creditor's Name  <b>6250 Ridgewood Rd</b> <b>Saint Cloud, MN 56303</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>5930</u>  <b>When was the debt incurred?</b> <u>Opened 07/18 Last Active 10/18</u>  <b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>	<b>\$500.00</b>

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**

Case number (if known) \_\_\_\_\_

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**47th Judicial District  
31605 Eleven Mile  
Case No. G17H1381X  
Farmington, MI 48336**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Allen Superior Court  
113 W Berry CTHRSE Annex  
Case No. 2D011306SC011361  
Fort Wayne, IN 46802**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Allen Superior Court  
113 W Berry CTHRSE Annex  
Case No. 2D011210SC019497  
Fort Wayne, IN 46802**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Allied Interstate  
PO Box 361563  
Columbus, OH 43236-1563**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit One Bank  
PO Box 60500  
City Of Industry, CA 91716-0500**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Dish Network  
Dept 0063  
Palatine, IL 60055-0063**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**District Director, IRS  
Attn: Special Procedures Staff  
PO Box 330500, Stop 15  
Detroit, MI 48232**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**District Director, IRS  
Attn: Special Procedures Staff  
PO Box 330500, Stop 15  
Detroit, MI 48232**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**GE Capital  
PO Box 53092  
Atlanta, GA 30353-0902**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Howard Howe  
50 S Meridian St  
Indianapolis, IN 46204**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Internal Revenue Service**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**

Case number (if known) \_\_\_\_\_

**SBSE/Insolvency Unit**  
**Box 330500-Stop 15**  
**Detroit, MI 48232-6500**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Internal Revenue Service**  
**PO Box 7346**  
**Philadelphia, PA 19101-7346**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Internal Revenue Service**  
**SBSE/Insolvency Unit**  
**Box 330500-Stop 15**  
**Detroit, MI 48232-6500**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Internal Revenue Service**  
**PO Box 7346**  
**Philadelphia, PA 19101-7346**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Midwest Community Health**  
**442 W High St**  
**Bryan, OH 43506**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Roosen Varchetti & Olivier PLLC**  
**PO Box 2305**  
**Mount Clemens, MI 48046**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Steuben County Circuit Court**  
**55 S Public Sq**  
**Case No. 76001-1110-CC-0540**  
**Angola, IN 46703**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Third Party Withholding Unit**  
**Michigan Department of Treasury**  
**PO Box 30785**  
**Lansing, MI 48909**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**United Collection Bureau Inc**  
**5620 Southwyck Blvd**  
**Suite 206**  
**Toledo, OH 43614**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$	Total Claim
	6b. Taxes and certain other debts you owe the government	6b.	\$	<b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	<b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	<b>0.00</b>

Total  
claims  
from Part 2

6e. **Total Priority.** Add lines 6a through 6d.

6e. \$ 0.00

6f. **Student loans**

6f. **Total Claim**  
\$ 103,250.00

6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**  
6h. **Debts to pension or profit-sharing plans, and other similar debts**  
6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6g. \$ 0.00  
6h. \$ 0.00  
6i. \$ 50,109.26

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ 153,359.26

Fill in this information to identify your case:

Debtor 1	<b>Dusty Lynn Swank</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Barney Lee Swank</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 <b>ECN Ventures 28703 Alvcekav Farmington Hills, MI 48336</b>	<b>Residential lease for term of one (1) year</b>

Fill in this information to identify your case:

Debtor 1	<b>Dusty Lynn Swank</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Barney Lee Swank</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number Street

City State ZIP Code

3.2

Name

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number Street

City State ZIP Code

Fill in this information to identify your case:

Debtor 1	<u>Dusty Lynn Swank</u>
Debtor 2 (Spouse, if filing)	<u>Barney Lee Swank</u>
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF MICHIGAN</u>
Case number (if known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Occupation	<u>Project Administrator</u>	
Employer's name	<u>CDM Smith</u>	
Employer's address	<u>75 State Street Boston, MA 02109</u>	

How long employed there? 1 year

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>4,772.73</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>4,772.73</u>	\$ <u>0.00</u>

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ <b>4,772.73</b>	\$ <b>0.00</b>

Copy line 4 here \_\_\_\_\_

5. List all payroll deductions:

- 5a. Tax, Medicare, and Social Security deductions
- 5b. Mandatory contributions for retirement plans
- 5c. Voluntary contributions for retirement plans
- 5d. Required repayments of retirement fund loans
- 5e. Insurance
- 5f. Domestic support obligations
- 5g. Union dues
- 5h. Other deductions. Specify: \_\_\_\_\_

5a.	\$ <b>796.29</b>	\$ <b>0.00</b>
5b.	\$ <b>0.00</b>	\$ <b>0.00</b>
5c.	\$ <b>43.33</b>	\$ <b>0.00</b>
5d.	\$ <b>0.00</b>	\$ <b>0.00</b>
5e.	\$ <b>322.79</b>	\$ <b>0.00</b>
5f.	\$ <b>0.00</b>	\$ <b>0.00</b>
5g.	\$ <b>0.00</b>	\$ <b>0.00</b>
5h.+	\$ <b>0.00</b>	+ \$ <b>0.00</b>

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. \$ **1,162.41** \$ **0.00**

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ **3,610.32** \$ **0.00**

8. List all other income regularly received:

- 8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ **0.00** \$ **0.00**

- 8b. Interest and dividends

8b. \$ **0.00** \$ **0.00**

- 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ **0.00** \$ **0.00**

- 8d. Unemployment compensation

8d. \$ **0.00** \$ **0.00**

- 8e. Social Security

8e. \$ **0.00** \$ **0.00**

- 8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: \_\_\_\_\_

8f. \$ **0.00** \$ **0.00**

- 8g. Pension or retirement income

8g. \$ **0.00** \$ **0.00**

- 8h. Other monthly income. Specify: \_\_\_\_\_

8h.+ \$ **0.00** + \$ **0.00**

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. \$ **0.00** \$ **0.00**

10. Calculate monthly income. Add line 7 + line 9.

10. \$ **3,610.32** + \$ **0.00** = \$ **3,610.32**

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_

11. +\$ **0.00**

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12. \$ **3,610.32**

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 **Dusty Lynn Swank**  
Debtor 2 **Barney Lee Swank**  
(Spouse, if filing)  
United States Bankruptcy Court for the: **EASTERN DISTRICT OF MICHIGAN**  
Case number **(If known)**

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

**MM / DD / YYYY**

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

**Son**

**13**

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **950.00**

#### Your expenses

##### If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ **0.00**  
4b. \$ **0.00**  
4c. \$ **20.00**  
4d. \$ **0.00**  
5. \$ **0.00**

**6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$ <u>200.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>108.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>307.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>

**7. Food and housekeeping supplies**

8. Childcare and children's education costs	7. \$ <u>750.00</u>
---	---------------------

**9. Clothing, laundry, and dry cleaning**

**10. Personal care products and services**

**11. Medical and dental expenses**

**12. Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ <u>220.00</u>
----------------------

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**

**14. Charitable contributions and religious donations**

**15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>245.00</u>
15c. Vehicle insurance	15c. \$ <u>0.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$ <u>0.00</u>
--------------------

**17. Installment or lease payments:**

17a. Car payments for Vehicle 1	17a. \$ <u>375.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**

**19. Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

19. \$ <u>0.00</u>
--------------------

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

**21. Other:** Specify: \_\_\_\_\_

21. +\$ <u>0.00</u>
---------------------

**22. Calculate your monthly expenses**

22a. Add lines 4 through 21.  
 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  
 22c. Add line 22a and 22b. The result is your monthly expenses.

\$ <u>3,685.00</u>
\$ <u>3,685.00</u>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.  
 23b. Copy your monthly expenses from line 22c above.

23c. Subtract your monthly expenses from your monthly income.  
 The result is your monthly net income.

23a. \$ <u>3,610.32</u>
23b. -\$ <u>3,685.00</u>
23c. \$ <u>-74.68</u>

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Dusty Lynn Swank</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Barney Lee Swank</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

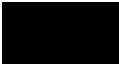
Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Dusty Lynn Swank

**Dusty Lynn Swank**

Signature of Debtor 1

Date November 1, 2018

/s/ Barney Lee Swank

**Barney Lee Swank**

Signature of Debtor 2

Date November 1, 2018

Fill in this information to identify your case:

Debtor 1	<b>Dusty Lynn Swank</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Barney Lee Swank</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

#### Debtor 1 Prior Address:

0725 US 20  
Montpelier, OH 43543

#### Dates Debtor 1 lived there

From-To:  
2015-2016

#### Debtor 2 Prior Address:

Same as Debtor 1

#### Dates Debtor 2 lived there

Same as Debtor 1  
From-To:

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

##### 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income Check all that apply.	Sources of income Check all that apply.

From January 1 of current year until  
the date you filed for bankruptcy:

	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$43,273.89	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00
	<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year: (January 1 to December 31, 2017)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$10,132.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>
<b>For the calendar year before that: (January 1 to December 31, 2016)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$38,046.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
<b>Capital One 15000 Capital One Dr Richmond, VA 23238</b>	<b>Past 90 days</b>	<b>\$800.00</b>	<b>\$397.00</b>	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
<b>Acceptance Now 5501 Headquarters Drive Plano, TX 75024</b>	<b>Past 90 days</b>	<b>\$600.00</b>	<b>\$1,376.00</b>	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No  
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No  
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No  
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>Credit Acceptance Corp v Dusty Lynn Swank GC17H1381X</b>	<b>Collection</b>	<b>47th Judicial District 31605 Eleven Mile Case No. GC17H1381X Farmington, MI 48336</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
 Check all that apply and fill in the details below.

No. Go to line 11.  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
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**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Law Offices of Walter Metzen & Associate 3156 Penobscot Building 645 Griswold Detroit, MI 48226 detroitbankruptcylawyer@gmail.com	Attorney Fees of \$955 to the Law Offices of Walter Metzen, \$50 to CIN Legal Data Service, and \$60 to Greenpath Debt Solutions Counseling and Debtor Educa.	11/1/2018	\$955.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
 Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

**Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

**Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

**Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No  
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

Business Name  
Address  
(Number, Street, City, State and ZIP Code)

Describe the nature of the business  
Name of accountant or bookkeeper

Employer Identification number  
Do not include Social Security number or ITIN.  
Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details below.

Name  
Address  
(Number, Street, City, State and ZIP Code)

Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

*/s/ Dusty Lynn Swank*  
**Dusty Lynn Swank**  
Signature of Debtor 1

*/s/ Barney Lee Swank*  
**Barney Lee Swank**  
Signature of Debtor 2

Date November 1, 2018

Date November 1, 2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**United States Bankruptcy Court**  
**Eastern District of Michigan**

In re

**Dusty Lynn Swank**  
**Barney Lee Swank**

Case No.  
 Chapter

Debtor(s)

**7**

**STATEMENT OF ATTORNEY FOR DEBTOR(S)**  
**PURSUANT TO F.R.BANKR.P. 2016(b)**

The undersigned, pursuant to F.R.Bankr.P. 2016(b), states that:

1. The undersigned is the attorney for the Debtor(s) in this case.
2. The compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check one]
 

**FLAT FEE**

A.	For legal services rendered in contemplation of and in connection with this case, exclusive of the filing fee paid .....	<b>955.00</b>
B.	Prior to filing this statement, received .....	<b>955.00</b>
C.	The unpaid balance due and payable is .....	<b>0.00</b>

**RETAINER**

A.	Amount of retainer received .....	
B.	The undersigned shall bill against the retainer at an hourly rate of \$ _____. [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.	
3. \$ **0.00** of the filing fee has been paid.
4. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]
 

A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

B. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;

C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

~~D. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~

E. Reaffirmations;

~~F. Redemptions;~~

G. Other:

*Attorney makes no promises or guarantees as to the outcome of the Bankruptcy but agrees to use his best efforts on behalf of the client.*

*CHAPTER 13 DEBTOR(S): Understand(s) that the first plan payment is due within 30 days of filing. That payments are debtor(s) responsibility and must be made by debtor in the event any applicable payment order fails. That proof of payments (ie. money order receipts/pay stubs) must be kept. That all due but unfiled tax returns must be filed. That up to 100% of tax refunds/profit sharing checks received during plan pendency may be required to be in plan. That all insurances required pursuant to law and contract (ie. automobile and homeowners) must be maintained. Debtor(s) acknowledge(s) having been advised that it is their responsibility to make all Chapter 13 plan payments and to submit tax refunds to trustee for entire length of plan (to discharge), or case may be dismissed. Attorney has be hired to represent debtor for purposes of a bankruptcy only not loan modification unless separately retained and that the flat fee is compensation through confirmation only. Debtor(s) acknowledge that if attorney has not been supplied with actual Notice of Sheriff's/Foreclosure sale and that sale has been held prior to the filing of bankruptcy case, attorney shall be held harmless. I hereby swear/affirm that I have no knowledge of a pending foreclosure sale. \_\_\_\_\_ (initials if applies). I/We agree that in the event my/our case is dismissed at any time after the 341 hearing, that the Law Offices of Walter A. Metzen & Associates shall have the right to recover all funds on hand of Ch13 Trustee that would be refunded, up to the total fees then due.*

*CHAPTER 7 DEBTOR(S): A. Understand(s) that attorney fee consists of both pre and post filing work, will cooperate with Trustee, to supply same with all documents/information requested. B. Understand(s) Duty to disclose all assets and has valued all assets to the best of debtor(s) ability. C. Debtor(s) understand(s) that Trustee has duty to investigate and liquidate non-exempt assets for the benefit of creditor(s). D. Debtor understands that a no asset case may become an asset case and debtor has duty to cooperate with requests of Trustee. Ch. 7 Debtor(s) understand(s) that upon filing of the case, all creditors including mortgage company and car finance company will be AUTOMATICALLY STAYED from all actions to collect a debt and that payments for car notes and mortgages must continue to be paid directly.*
5. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**A. Representation of debtor(s) in any dischargeability actions, amendments (\$200 fee) relief from stay actions, 2004 Hearings (\$400 retainer), adversary proceeding (\$2000 retainer fee) or contested matters. ALL FEES PAID INCLUDING FILING FEES ARE NON-REFUNDABLE.**

**B. Attorney Fees (\$295 per hour) Per separate Retainer agreement.**

**C. Debtor(s) agree(s) to pay attorney fee of \$300 for any missed 341. Attorney fee shall be \$295 per hour for all other post-petition work (including phone calls), and is subject to annual increases up to 10%. Debtor acknowledges that attorney fees consist of both pre and post filing work.**

**D. Debtor(s) acknowledge(s) being advised that, pursuant to Local Bankruptcy Rule 2003-2, debtor shall have available at the 341 Hearing, all of the following:**

**a. DRIVERS LICENSE, PAYCHECK STUBS. b. TITLES, to all vehicles, boats and mobile homes. c. DEEDS, SEV or APPRAISAL, and MORTGAGE STATEMENTS of real estate. d. DIVORCE JUDGMENTS, 401k, pension documents.**

**E. Attorney has been retained to assist debtor(s) in obtaining a discharge of certain debts. Debtor acknowledges being aware that certain debts are non-dischargeable, i.e. Student loans, alimony/child support, most taxes, debts incurred as a result of drunk driving/intoxication, fraud. Attorney cannot and makes no representations that he can, clear up a credit report. Debtor understands that if funds are on deposit at a Credit Union to which debtor owes money, those funds may be "frozen" upon filing of the petition.**

**F. A charge of \$50 each (subject to change) applies to replace lost petitions and discharge orders. \$230 to add omitted creditors.**

**G. Chapter 7 Debtor(s) agree(s) should attorney recover funds garnished by creditor prepetition, the attorney contingency fee shall be 50% of amount recovered.**

**H. Debtor must maintain all insurance as required by law or contract. Failure to provide proof thereof or maintain such insurance may result in loss of the subject property.**

**I. Chapter 13 debtor(s) acknowledge and hereby agree that if the Chapter 13 case is dismissed before confirmation due to debtor(s) poor payment history, missed Court appearances, non-filing of required tax returns or other fault of debtor that attorney shall be entitled fees for his pre-confirmation legal services as an administrative expense of the case. Debtor(s) authorize Trustee to hold balance on hand for 30 days following filing fee application.**

**DEBTOR(S) ACKNOWLEDGE(S) HAVING READ, UNDERSTOOD AND AGREED TO ABOVE TERMS.**

6. The source of payments to the undersigned was from:

A. XX Debtor(s) earnings, wages, compensation for services performed

B. \_\_\_\_\_ Other (describe, including the identity of payor) \_\_\_\_\_

7. The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or corporation, any compensation paid or to be paid except as follows:

Dated: November 1, 2018

/s/ Walter A. Metzen

Attorney for the Debtor(s)

**Walter A. Metzen P49779 Michigan Bar Number**

**Law Offices of Walter Metzen & Associates**

**3156 Penobscot Building**

**645 Griswold**

**Detroit, MI 48226**

**(313) 962-4656**

**detroitbankruptcylawyer@gmail.com**

Agreed: /s/ Dusty Lynn Swank

**Dusty Lynn Swank**

Debtor

/s/ Barney Lee Swank

**Barney Lee Swank**

Debtor

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

## You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
<u>+</u>	<u>\$15</u> trustee surcharge
\$335 total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,  
most student loans,  
certain taxes,  
debts for fraud or theft,  
debts for fraud or defalcation while acting in a fiduciary capacity,  
most criminal fines and restitution obligations,  
certain debts that are not listed in your bankruptcy papers,  
certain debts for acts that caused death or personal injury, and  
certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: [http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court  
Eastern District of Michigan**

In re ***Dusty Lynn Swank***  
***Barney Lee Swank***

Debtor(s)

Case No.  
Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: ***November 1, 2018***

***/s/ Dusty Lynn Swank***

***Dusty Lynn Swank***

Signature of Debtor

Date: ***November 1, 2018***

***/s/ Barney Lee Swank***

***Barney Lee Swank***

Signature of Debtor

Swank, Dusty and Barney -

47th Judicial District  
31605 Eleven Mile  
Case No. G17H1381X  
Farmington, MI 48336

Acceptance Now  
5501 Headquarters Drive  
Plano, TX 75024

Afni, Inc.  
Po Box 3097  
Bloomington, IL 61702

Allen Superior Court  
113 W Berry CRTLSE Annex  
Case No. 2D011306SC011361  
Fort Wayne, IN 46802

Allen Superior Court  
113 W Berry CRTLSE Annex  
Case No. 2D011210SC019497  
Fort Wayne, IN 46802

Allied Interstate  
PO Box 361563  
Columbus, OH 43236-1563

Americollect Inc  
Po Box 1566  
Manitowoc, WI 54221

Associates Financial S  
Po Box 39  
Pleasant Lake, MI 49272

Beaumont Hospital  
500 Stephenson Hwy  
PO Box 5042  
Troy, MI 48007-5042

Capital One  
15000 Capital One Dr  
Richmond, VA 23238

Swank, Dusty and Barney -

Credit Acceptance Corp  
Po Box 513  
Southfield, MI 48037

Credit Adjustment  
330 Florence St  
Defiance, OH 43512

Credit Collection Serv  
725 Canton St  
Norwood, MA 02062

Credit One Bank  
PO Box 60500  
City Of Industry, CA 91716-0500

Dean & Connie Cogswell  
US 20 Montpelier  
Montpelier, OH 43543

Dept Of Education/neln  
121 S 13th St  
Lincoln, NE 68508

DirecTV  
PO Box 6550  
Greenwood Village, CO 80155-6500

Dish Network  
Dept 0063  
Palatine, IL 60055-0063

District Director, IRS  
Attn: Special Procedures Staff  
PO Box 330500, Stop 15  
Detroit, MI 48232

Diversified Consultants  
10550 Deerwood Park Blvd. 309  
Jacksonville, FL 32256

Drs Harris Birkhill Wang Songe  
PO Box 2802  
Dearborn, MI 48123

Swank, Dusty and Barney -

DTE Bankruptcy Dept. DTE Energy  
One Energy Plaza  
WCB 735  
Detroit, MI 48226

Enhanced Recovery Co L  
8014 Bayberry Rd  
Jacksonville, FL 32256

Envision Medical Group PLLC  
PO BOX 674297  
Detroit, MI 48267-4297

Fed Loan Serv  
Po Box 60610  
Harrisburg, PA 17106

First Federal Credit C  
24700 Chagrin Blvd Ste 2  
Cleveland, OH 44122

Flagship Credit Accept  
3 Christy Dr Ste 201  
Chadds Ford, PA 19317

Fort Financial Credit  
3102 Spring St  
Fort Wayne, IN 46808

GE Capital  
PO Box 53092  
Atlanta, GA 30353-0902

Geico  
PO Box 9105  
Macon, GA 31208-9105

Genisis Financial Solutions  
PO Box 4865 Beaverton  
Beaverton, OR 97076

Gla Collection Co Inc  
Po Box 991199  
Louisville, KY 40269

Swank, Dusty and Barney -

Hillsdale Community Hospital  
168 Howell St  
Detroit, MI 48242

Howard Howe  
50 S Meridian St  
Indianapolis, IN 46204

HSBC Bank of Nevada  
1111 Town Center Dr  
Las Vegas, NV 89134

IC System Inc  
444 East Highway 96  
PO Box 64378  
St Paul, MN 55164-0378

Internal Revenue Service  
SBSE/Insolvency Unit  
Box 330500-Stop 15  
Detroit, MI 48232-6500

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

IRS Internal Revenue Service  
Cincinnati, OH 45999

Jefferson Capital Syst  
16 Mcleland Rd  
Saint Cloud, MN 56303

Key Bridge  
2348 Baton Rouge  
Lima, OH 45805

Midland Funding  
2365 Northside Dr Ste 300  
San Diego, CA 92108

Midwest Community Health  
442 W High St  
Bryan, OH 43506

Swank, Dusty and Barney -

Nelnet Lns  
Po Box 1649  
Denver, CO 80201

Oakland County Treasurer  
1200 N Telegraph Rd  
Pontiac, MI 48341

Plaza Servic  
110 Hammond Drive Suite 110  
Atlanta, GA 30328

Portfolio Recovery Associates  
287 Independence  
Virginia Beach, VA 23462

Purdue Univ  
1081 Schleman Hall  
West Lafayette, IN 47907

Roosen Varchetti & Olivier PLLC  
PO Box 2305  
Mount Clemens, MI 48046

Sac Finance, Inc  
6642 Saint Joe Rd Ste 10  
Fort Wayne, IN 46835

Snow & Sauer  
203 E Berry St  
Fort Wayne, IN 46802

Snow & Sauterig  
203 E Barry St  
Fort Wayne, IN 46802

Steuben County Circuit Court  
55 S Public Sq  
Case No. 76001-1110-CC-0540  
Angola, IN 46703

Tebo Financi  
Po Box 877  
Massillon, OH 44648

Swank, Dusty and Barney -

Tek-collect Inc  
871 Park St  
Columbus, OH 43215

Third Party Withholding Unit  
Michigan Department of Treasury  
PO Box 30785  
Lansing, MI 48909

Trust Rec Sv  
541 Otis Bowen Drive  
Munster, IN 46321

United Auto Credit Co  
1071 Camelback St Ste 10  
Newport Beach, CA 92660

United Collection Bureau Inc  
5620 Southwyck Blvd  
Suite 206  
Toledo, OH 43614

Verizon  
PO Box 33056  
Saint Petersburg, FL 33733-8056

Webbank/fingerhut  
6250 Ridgewood Rd  
Saint Cloud, MN 56303